

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



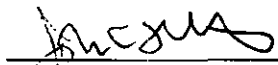
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>10202</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2005</b> Through: <b>12</b> / <b>31</b> / <b>2005</b>
3. Name and address of person filing. Name <b>John</b> <b>C</b> <b>Stocks</b> P.O. Box, Bldg., Room No., if any <b>Apartment 806</b> Street <b>1300 N Street, NW</b> City <b>Washington</b> State <b>District of Columbia</b> ZIP Code + 4 <b>20005</b>	4. Name, file number, and address of labor organization. Name <b>National Education Association</b> Labor Organization File Number <b>000-342</b> P.O. Box, Building and Room Number, if any Street <b>1201 16th Street, NW</b> City <b>Washington</b> State <b>District of Columbia</b> ZIP Code + 4 <b>20036-3290</b>
5. Position in labor organization. <b>Deputy Executive Director</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed 	On <b>5/11/2006</b> Date	<b>(202) 822-7523</b> Telephone Number

Name of Person Filing <u>John Stocks</u>	File Number <u>U-</u>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Peter Cari</u></p> <p>Trade Name, if any: <u>Cari Strategic Consulting, LLC</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 150</u></p> <p>Street <u>2715 M Street, NW</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIP Code + 4 <u>20007</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Political Consulting</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <span style="float: right;"><u>\$31,000</u></span></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>Contribution to help individuals displaced by Hurricane Katrina</u></p> <hr/> <p>12.b. Amount. <span style="float: right;"><u>\$500</u></span></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Jack Pacheco</u></p> <p>Trade Name, if any: <u>Overlook Strategies, Inc.</u></p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>7 Overlook Terrace</u></p> <p>City <u>Plymouth</u></p> <p>State <u>Massachusetts</u> ZIP Code + 4 <u>02360</u></p>	<p>14.a. Nature of payment.</p> <p><u>Contribution to help individuals displaced by Hurricane Katrina</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <span style="float: right;"><u>\$1,000</u></span></p>

Name of Person Filing John Stocks	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Paul Harstad</p> <p>Trade Name, if any: Harstad Strategic Research, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2979 S. Lakeridge Trail</p> <p>City Boulder</p> <p>State Colorado ZIP Code + 4 80302</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>												
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<table border="1"> <tr> <td colspan="2">11.a. Nature of such dealing.</td> </tr> <tr> <td colspan="2">Political Consulting</td> </tr> <tr> <td>11.b. Approximate dollar value of such dealing.</td> <td>\$170,000</td> </tr> <tr> <td colspan="2">12.a. Nature of interest held or income received.</td> </tr> <tr> <td colspan="2">Contribution to help individuals displaced by Hurricane Katrina</td> </tr> <tr> <td>12.b. Amount.</td> <td>\$1,000</td> </tr> </table>	11.a. Nature of such dealing.		Political Consulting		11.b. Approximate dollar value of such dealing.	\$170,000	12.a. Nature of interest held or income received.		Contribution to help individuals displaced by Hurricane Katrina		12.b. Amount.	\$1,000
11.a. Nature of such dealing.													
Political Consulting													
11.b. Approximate dollar value of such dealing.	\$170,000												
12.a. Nature of interest held or income received.													
Contribution to help individuals displaced by Hurricane Katrina													
12.b. Amount.	\$1,000												

Name of Person Filing John Stocks	File Number U-
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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name John Jameson</p> <p>Trade Name, if any: Winning Connections</p> <p>P.O. Box, Bldg., Room No., if any Second Floor</p> <p>Street 317 Pennsylvania Avenue, SE</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20003</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Political Consulting</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$72,390</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Contribution to help individuals displaced by Hurricane Katrina</p> <hr/> <p>12.b. Amount. \$500</p>

Name of Person Filing John Stocks	File Number U-
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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Jeff Klueter</p> <p>Trade Name, if any: Information Management Serv., Inc.</p> <p>P.O. Box, Bldg., Room No., if any Suite 1130</p> <p>Street 1120 Connecticut Avenue, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>9. Eusiness deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Political Consulting</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$96,500</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Contribution to help individuals displaced by Hurricane Katrina</p> <hr/> <p>12.b. Amount. \$1,000</p>

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Celinda Lake

Trade Name, if any: Lake Snell Perry Mermin &amp; Assoc.

P.O. Box, Bldg., Room No., if any Suite 500

Street 1726 M Street, NW

City Washington

State District of Columbia ZIP Code + 4 20036

## 9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Political Consulting

## 11.b. Approximate dollar value of such dealing.

\$43,332

## 12.a. Nature of interest held or income received.

Contribution to help individuals displaced by Hurricane Katrina

## 12.b. Amount.

\$800

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## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and E above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Will Robinson

Trade Name, if any: MacWilliams, Robinson and Partners

P.O. Box, Bldg., Room No., if any Suite 301

Street 1660 L Street, NW

City Washington

State District of Columbia ZIP Code + 4 20036

14.a. Nature of payment.

Contribution to help individuals displaced by Hurricane Katrina

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$1,500

**C. Received from any employer** (other than an employer covered under parts A and E above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.